## BEST AVAILABLE COPY

MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

|              | AS FILED           | AFTER            | AFTER                                            |  |
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|              |                    | I"AMENDMENT      | 1 AMENDMENT                                      |  |
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PTO-DO (REV. 1149)

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